

DECEMBER 15, 1954

VOL. 28

No. 12

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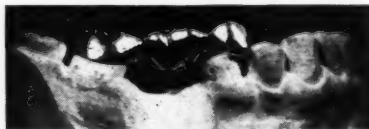
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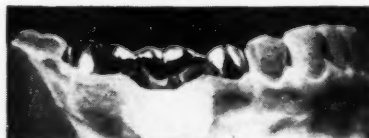
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The Fortnightly **REVIEW** **OF THE CHICAGO DENTAL SOCIETY**

Number 12
Dec. 15, 1954
Volume 28

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EDITOR
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A MERRY CHRISTMAS

and

A HAPPY NEW YEAR

to

OUR EVERY MEMBER

from

THE OFFICERS AND DIRECTORS OF
THE CHICAGO DENTAL SOCIETY

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FORTNIGHTLY REVIEW



The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

December 15, 1954

Volume 28 • Number 12

Ostectomy for the Correction of a Mandibular Prognathism*

H. Newman Brownson, D.D.S., Hollywood, California

More and more the oral surgeon is called upon to intervene surgically in complicated deformities of the mandible that do not lend themselves to orthodontic or restorative dental treatments. The surgical correction of mandibular prognathisms not only restores the function of mastication and facial contour but improves the mental attitude of the patient and corrects the inferiority complex which is invariably present, thus enabling the



Dr. Brownson

patient to improve not only his dental health but social and business standing. The results of these cases are very gratifying and there are no more grateful patients than those on whom this type of operative procedure has been performed.

It is not the purpose of this paper to discuss the complex etiological factors governing mandibular prognathisms but rather to present the surgical approach and management of this deformity.

*Presented at the 1954 Midwinter Meeting of the Chicago Dental Society.

The history of this surgical procedure dates back to the turn of the century when Blair¹ successfully performed a surgical operation for the correction of this type of deformity in 1898. He described the operation in a report published in 1907 showing the removal of a section of bone from the body of the mandible in the molar area bilaterally and repositioned the anterior segment in normal relationship with the maxillary teeth. The bone fragments were held in position by means of intermaxillary fixation until healing was complete. Blair's first report stimulated a lot of thought regarding the correction of this deformity and in 1909 Babcock² operated on the ascending ramus by the open method and also in 1909 Blair³ reported for a retraction the successful sectioning of the ascending ramus by the closed method and the repositioning of the mandible by intermaxillary fixation, thus avoiding injury to the mandibular nerve and oral contamination. Since this time numerous articles have appeared in the literature describing various technics employed with more or less uniformly good results. Harsha⁴ in 1912 reported the successful sectioning of the body of the mandible bilaterally without injury to the mandibular canal and its contents.

Thus two basic procedures were estab-

[Editor's Note: Dr. Brownson was graduated from the University of Southern California School of Dentistry in 1926. He limits his practice in Hollywood to oral surgery. He is in great demand as an essayist and clinician and has often appeared on the programs of the Chicago Dental Society's Midwinter Meetings.

Dr. Brownson is a member of the attending staff of Hollywood Presbyterian Hospital, Los Angeles, and is consultant in oral surgery to Veterans Administration Hospitals in Long Beach and San Fernando. He is a member of the American Society of Oral Surgeons, the Southern California Oral Surgeons Society, Hollywood Academy of Medicine; and is a Diplomate of American Board of Oral Surgery and a Fellow of American College of Dentists.]

lished for the surgical management of the mandibular prognathism: the cutting of the ascending ramus or osteotomy and the sectioning of the body of the mandible or ostectomy. Both of these procedures can be employed bilaterally or unilaterally.

The osteotomy procedure has been performed in many ways: A horizontal section made across the ascending ramus between the mandibular foramen and the angle of the mandible; a horizontal section made through the ascending ramus between the sigmoid notch and the mandibular foramen; sectioning of the neck of the condyle.

Regardless of the surgical procedure employed and the ultimate functional and esthetic results obtained, there is no one procedure that is not attended by many problems.

The osteotomy procedure in the ascending ramus presents the following disadvantages: Open bite due to the downward and forward pull of the mandible with the second molar teeth acting as a fulcrum; imperfect osseous repair at the site of the osteotomy cut on the ascending ramus resulting from the anatomical structure of the bone in this area; lack of control of the upper proximal fragment because of muscle action and direct fixation; Hensel⁵ has demonstrated that separation of the coronoid and condyloid process may result when operating above the lingula since there is a safe area of only $\frac{1}{8}$ of an inch; impaired function of the joint due to displaced attachments of the external pterygoid muscle when operation is performed at condyle neck; limitation of the slide-back of the lower

margin of the osteotomy division, not more than $\frac{2}{3}$ the width of the horizontal diameter of the ramus, which might end in a non-union or malunion with open bite displacement. This is particularly important when an open view operative procedure with surgical wiring is not undertaken; occlusal relationship depends upon the repositioning of the entire lower arch to the upper. In the osteotomy there is no possibility of adjusting the relationship of the anterior and posterior teeth at time of operation other than adjusting the occlusion by grinding the teeth; the period of intermaxillary fixation is prolonged; the shifting of the muscles of mastication interferes with their function.

Access to the operative field is difficult in either the open or closed method as there is danger of injury to the facial nerve, internal maxillary artery and the parotid gland. Kazanjian,⁶ however, has demonstrated clearly that many of these anatomical hazards and difficulties can be overcome in sectioning the ascending ramus of the mandible by an open view operation below and behind the angle of the mandible. By careful dissection he exposes the lateral surface of the ramus which he sections transversely, cutting the bone on a bevel and pushing back the entire mandible to its new position. This beveling allows for greater contact of the cut ends of the bone and is an especially good procedure for edentulous patients as it allows a greater alveolar surface for the denture.

The advantages of the ramus procedure are: It avoids oral contamination; it prevents injury to the mandibular nerve

and associated structures; the procedure is easy to execute and conserves on operating time; it avoids the extraction of normal teeth and the sacrifice of useful bone structure.

The ostectomy procedure consists of the excision of a measured section of bone from the body of the mandible, either bilaterally or unilaterally and is performed by an open view operation.

The disadvantages of the ostectomy are: Necessity of sacrificing one or two healthy teeth on each side of the mandible, if an edentulous space does not already exist; the necessity of sacrificing a section of normal, healthy bone structure in the body of the mandible at the site of the section; temporary disturbance of the temporomandibular joints because of slight mesial rotation of the condyles due to the shortening of the intermaxillary space between the mandibular molar areas. The distance becomes slightly shorter when the anterior segment is moved posterior in contact with the proximal fragment. The patient will complain of this symptom for a short period postoperatively.

Oral contamination of the wound was a problem and a disadvantage of this procedure until Dingman⁷ in 1944 advocated the two stage operation. This procedure is a modification of the methods introduced by Harsha in 1912 and again suggested by New and Erich⁸ in 1941 by which a section of bone was removed from the body of the mandible without interfering with the mandibular canal and its contents. Harsha and New and Erich, however, could not eliminate oral contamination because their procedure was a through and through operation. Dingman's two-stage operation, which consists of an interoral approach followed in three to five weeks, after healing has taken place, by the second stage or external approach, prevents compounding the wound interorally thereby eliminating oral contamination. His method can be carried out with extreme accuracy and the two-stage operation saves operating time on the final stage.

The advantages of the ostectomy now

are: A section of bone can be removed accurately from the body of the mandible without interfering with the mandibular canal and its contents; the procedure can be carried out without oral contamination; this procedure affords good access with direct view and the section can be removed with precision; the reduction and fixation of the set-back may be more efficiently controlled; there is very little interference with muscle action, therefore the possibility of an open bite relationship is minimized; the procedure does not interfere with the muscles of mastication; the anterior and posterior fragments can be adjusted to each other so as to improve the occlusal relationship of the teeth. This particularly holds true in open bite cases; this procedure can be used unilaterally to a great advantage with only a slight interference with the course of the temporomandibular movements.

If, after visual, digital and radiographic examinations, surgery is contemplated, the same precautions should be observed as before any other surgical procedure to evaluate the general as well as the local risks involved. Having completed accurate radiographic interpretation, the indicated laboratory procedures and the general physical findings by a competent internist, a clinical and scientific basis is provided to indicate the treatment and care of the local deformity.

Accurate study casts are made in triplicate. The original is mounted accurately with proper registrations on an anatomical articulator in the prognathic position. The duplicate model is studied and mounted on the articulator in its corrected position. The triplicate study model is the working model for the actual cutting and measurements of the indicated sections. At this time, with the study casts and required radiographs, a consultation is held with the orthodontist and the general restorative dentist. A complete preoperative survey of the local deformity is made in detail and the following are determined: the relationship of the teeth in their normal occlusion after the set-back, which governs the size of the section of bone to eventually be

removed, and the site of the sections. The site of the section in the mandibular arch is influenced by the following: the course of the mandibular canal and the location of the mental foramen and their relationship to the section of bone to be removed. Sometimes the course of the canal will influence the site of section. All sections should be distal to the mental foramen area. If there are any edentulous areas bilaterally or unilaterally, they should be utilized in preference to extracting sound, healthy teeth. If there is a full complement of teeth, the first molar area is ideal. However, sometimes it is not large enough to accommodate the width of the section; therefore, an adjacent tooth might also have to be removed. This last procedure should be avoided if possible. Sections of bone can be removed from the second and third molar areas if necessary. However, the procedure becomes more complicated beyond the first molar area. Usually the sections bilaterally vary very little in size, however, a lateral deviation will require a wider section on the side opposite the deformity and the removal of a small section or perhaps merely a cut in the body on the other side. This procedure permits the rotation of the laterally deviated anterior section into normal position with the maxillary arch. If an open vertical relationship is anticipated after correction, the bony section must be made downward and backward. In those cases in which a closure of bite is expected, the cut must be downward and forward.

After the size, shape and site of the section are determined, the procedure is carried out on the working model. At this time the templates, which will be used as the pattern of bony section during the first and second stage of surgery, are made accurately to fit the working model. The study of fixation appliances for the control of the fragments, after the osteotomy is performed, is a vitally important procedure for the successful end result as the fragments of bone after their reduction have to be controlled and held in their new position until union takes place. We have various methods of fix-

ation for the control of fractured mandibles that may be employed. However, this type of procedure many times requires individual designing of orthodontic appliances and splints, etc., to be used as a means of fixation. These appliances have to not only be designed for fixation but must be adaptable to progressive treatment when necessary. Direct bone wiring is generally employed in these cases.

Following the Dingman technic, the first surgical stage is performed interorally with local anesthesia. The selected site is incised and a mucoperiosteal flap is turned on the buccal and lingual surfaces and carried well down on the bony process exposing the bone to receive the previously prepared template which is now placed into position and held accurately while its pattern is traced on the bone with the aid of a sharp pointed instrument. The template is removed and a series of holes are drilled along the template outline, both buccally and lingually, using a bone burr. These holes are joined together with a cross-cut fissure bone burr making very accurate grooves in the alveolar process to a depth short of the mandibular canal. A horizontal groove is then made across the crest of the alveolar ridge between the two vertical grooves. All of the drilling and cutting must be done with care and precision to avoid splintering and overheating of the bone. If it is necessary to extract a tooth in the selected site of sectioning, care must be taken not to traumatize the alveolar bony process and the section may be made directly through the tooth socket. Also care must be taken to avoid injury to the mandibular canal and its contents. The interdental x-rays will aid greatly in establishing this landmark. No bone is removed at this time. After this cutting procedure is carried out completely, the wound is irrigated and the soft tissue returned to its normal position and held with sutures. If it is a bilateral case the same procedure is carried out on the opposite side in detail. Antibiotics may be given following this operation.

(Continued on page 25)

HERMAN P. KELDER
President
North Suburban Branch



Herman P. Kelder, President of the North Suburban Branch of the Chicago Dental Society, was graduated in 1935 from the Chicago College of Dental Surgery, Loyola University. He took his two-year pre-dental course at the University of Illinois in Champaign. He was with the U. S. Navy for three years during World War II.

For his Branch, Dr. Kelder has also served as Secretary and on many of its committees. He was Chairman of the parent society's Committee on Dental Health Education for the year 1953-1954.

ABSTRACTS

SUGGESTIONS FOR CONTROL OF OBESITY

Obesity is an important problem today in medicine and in public health, because of its high incidence in this country, and because it favors the onset of many diseases. The author lists the following practical suggestions for its prevention and treatment.

1. Keep a written record of your weight—monthly or three or four times a year—prevent obesity from sneaking up on you.
2. Exercise in moderation.
3. Eat less—as indicated by weekly weights;
4. Hints on how to eat less:
 - a. good breakfast with plenty of protein
 - b. eat slowly—allow time for blood sugar to increase and shut off the appostat
 - c. "scientific nibbles"
 - d. cocktails or dessert—not both
 - e. moderate servings—don't insist your guests have seconds
 - f. coffee or tea instead of dessert.

—*CHANGING ASPECTS OF NUTRITION*, by Fredrick J. Stare, M.D., *Harvard Dental Alumni Bulletin*, July, 1954. O.C.L.

INSERTING SILICATE CEMENTS IN CONTROLLED ATMOSPHERE

Inserting silicate cement restorations using the vibration technic along with temperature and humidity control of the operating room atmosphere, adds greatly to the service life of these restorations. Increased powder content in the mortar is made possible by air-conditioning and vibration. An unbroken procedure of removing water is followed from the moment the powder and liquid are exposed to air until the mix has set within the

cavity. This procedure is described in detail in this article. A hygrometer is used to calculate the dew point. A chart is given showing hygrometer readings and corresponding dewpoint calculations. It is necessary to have a self-contained room air-conditioner plus a reheating system. A window unit or console model will provide the cooling and dehumidifying; an electric heater is sufficient for the reheating system. It is always necessary to have a closed operating room, and the size of the room must also be considered. The water content of the air is the real problem, and much moisture must be removed. Cooling the room is only part of the process of lowering the dew point; the air must be reheated so that it can lose additional moisture by passing over the cold coils of the cooling unit, except during warm weather. An electric vibrator designed for amalgam condensation is ideal for silicate condensation. The rubber dam is absolutely indispensable. Also the operator's breath should be guarded and a slip of paper held beneath the patient's nose will deflect his breath. —*THE VIBRATION TECHNIC OF INSERTING SILICATE CEMENTS WITHIN A PREPARED OPERATING ROOM ATMOSPHERE*, by W. M. Ringsdorf, D.D.S., Elba, Ala. *The Bulletin of the Alabama Dental Association*, July, 1954. O.C.L.

BLEACHING THE PULPLESS TOOTH

The following procedure was presented by the author as a chair clinic. Preparation of patient: After removing all fillings from the tooth, remove the entire roof of the pulp chamber and freshen all surfaces, removing all visible surface stains with a bur. Take the root filling down to

(Continued on page 24)

EDITORIAL

PAYING FOR DENTISTRY

The inability of the population to pay for medical and dental care has long intrigued the financial thinkers of this country. It has always been contended that the average person very seldom needed help in paying these bills and that only emergencies or long lasting illnesses and, in some instances, large dental expenses overtaxed the ability of the individual to pay. The loan sharks had a field day until the national and state governments stepped in to fix interest rates and in other ways protect the poor unsuspecting public. Soon after this came the non-profit insurance plans to help pay hospital and sickness costs, and more recently, plans to even pay the doctor bills. These have helped to spread medical costs, and in spite of many abuses, have done an adequate job. Unfortunately, dentistry has been neglected in the formulation of these plans and we were left to fend for ourselves. Some dental societies investigated postpayment plans, saw the possibility of helping their members, and instituted programs with the help of local financial institutions. It was soon apparent that the financing of dental care could be made easier, and the American Dental Association advised its constituent and local societies to investigate the possibility of having programs of their own. The Chicago Dental Society has done this, but before we can go into the findings, it would be well to delve into such subjects as prepayment insurance, reinsurance and postpayment plans, all having a bearing on the final picture.

Prepayment dental insurance follows health and hospital plans now in effect. For a set premium, an individual may have his dentistry completed, and all or part of the cost paid for by the insurance company. The cost of said policy would naturally depend on the insured being single, married without children, or married and having children. The patient has the freedom of choosing his own dentist, provided that the latter is approved by the insurance company. Fees are set up by the company and paid when the work is completed. In some cases, calling for unusual or extremely complicated treatment, the patient may have to pay part of the fee, but naturally with the approval of all parties concerned. If the government were to pay the premiums on prepayment insurance, it would be called socialized dentistry. If on the other hand the government paid part of the premium, this could then be called reinsurance. But if the premiums were paid by the individual, this would then be prepayment insurance. The Group Health Dental Insurance Plan, Incorporated of New York City has recently inaugurated a voluntary group employee program for dental care insurance. Founded along the lines mentioned above, it is a non-profit plan of prepayment insurance for a limited number only. One of the prerequisites is that the patient must have all necessary work completed before he can join, after which they are guaranteed payment of all dental costs for premiums ranging from \$19.80 a year for an individual to \$72.00 for a whole family. A tremendous amount of work has gone into this venture, but since they have few statistics to go by, the plan has been restricted to a limited group only. Several years of actual experience are necessary before we can find out if prepayment dental insurance is actually practical.

Reinsurance has received the attention of the present administration in Washington. Failing to sell the United States socialized medicine, the Eisenhower program for better health has dug up a new gimmick in solving the health

problems of the people. In return for a part of the gross premiums of present health insurance plans, the federal government agrees to offer reinsurance if the insurance companies will meet certain requirements and experiment with unusual risks. It has been shown, however, that this would not make the non-insurables insurable, nor would the premiums for the health insurance be reduced. This then appears to be another way of starting a national health program. No mention was made regarding dentistry and reinsurance, but it stands to reason that if medicine falls, dentistry is not far behind. Fortunately, both the House of Representatives and the Senate in the last Congress voted the measure down, but Mrs. Hobby, Secretary of Health, Education, and Welfare will probably make a new approach next year.

Many of the dental society postpayment plans have met with tremendous success. The Detroit Plan has been copied by many local and state organizations and appears to be working well. The Cerro Gordo County Plan in Iowa is a newer endeavor and seems to embody the salient features of most of the other plans. Whether it will work in other communities as well as it does at home remains to be seen. The California State Dental Association reports for the first six months of this year nearly 5000 accounts financed for an amount of well over a million dollars. Totals for the first three years of operation show 27,147 accounts in the amount of \$6,046,073.12. It would appear that post-payment financing has a wonderful future.

One other subject should be touched on at this time, and that is the tendency for some companies and unions to offer employees free dental care as a "fringe" benefit. This may have a direct bearing on the future of dentistry in the United States. Many of the large manufacturing and steel companies have been tending the dental needs of their workers for some time. The recent strike of the rubber workers was in part a demand for free medical and dental attention. Recently the International Longshoremen and Warehousemen's Union allocated \$750,000 for the initiation of a dental care program for its members' children. With members demanding and receiving more and more benefits, this form of payment for dental care may become very important as time goes on.

Now, what has the Chicago Dental Society to offer? The character of paying for dental work is changing rapidly. At the present time most individuals are either capable of paying cash or else agree to pay the dentist a fixed amount weekly or monthly, or they borrow from a bank or other lending agency. As long as the so-called prosperity remains, most patients will be able to pay their bills. But when poor times show up, we must rely on the installment basis of paying. Dentists in the Chicago area are spread wide and far, and the types of practice, locations and capabilities of their patients to pay are varied to say the least. What may be practical in the Loop would be useless in the suburbs, or what would work on the south side might not work on the north side. However, there is one common denominator, and that is the fact that the type of practice is usually pretty constant in each branch, and the problems of one dentist are usually those of his nearby colleagues. Since both prepayment insurance and reinsurance have definitely arrived, they should not be slighted or ignored. We must keep close tab on them and use them if advantageous. The Chicago Dental Society has done this, and will continue to do so in the future. If any of these plans become practical for us, then we will put them into effect. In the meantime, it is advisable that the individual branches investigate the possibility of having their own postpayment dental payment plans. Usually a local lending institution such as a bank will be glad to set it up and the Chicago Dental Society will supervise it. This will probably suffice until the whole picture of paying for dentistry crystallizes.

NEWS AND ANNOUNCEMENTS

MORE NEWS FOR THE LADIES

You've heard about the beautiful new Boulevard Room at the Conrad Hilton and the fashion show to be presented by Marshall Field and Company in this lovely room at the Ladies' Luncheon on Tuesday noon during the 90th Midwinter Meeting. Perhaps you know of the excellent reputation enjoyed by all the Hilton hotels for serving the very best of foods; but have you ever thought of the quantities required to feed the guests at one of the big conventions such as our Midwinter Meeting? Average figures for *daily* consumption of food at the Conrad Hilton include: 1000 pounds of butter, 1000 dozen eggs, 10 complete choice steers, 1000 pounds of pork products, 1000 pounds of fish, 35,000 cups of coffee, 500 gallons of coffee cream, 20,000 rolls, 300 pies, 300 gallons of ice cream, 30 bags of potatoes, and 25 cases each of oranges, lettuce, celery and tomatoes. An attractive menu has been selected by the committee members who are making every effort to make this a luncheon you don't want to miss!

CLICK!

A city-wide Camera Study Club is being organized for the members of the Chicago Dental Society for their mutual benefit and pleasure. Both tyro and advanced amateur will find much of interest in the presentations and discussions. Meetings will be held in the centrally located Pittsfield Building, 55 East Washington Street, on the fourth Wednesday of each month, *promptly* at 1:30. Indicate your needs and interests at the special program-planning meeting to be held at 1:30 on the afternoon of Wednesday, January 12, 1955, in room 421, 185 North Wabash Avenue.—R. J. Waska, 800 West 78th St., STewart 3-7800.

BALI HI!

What Bob Placek said (see Page 14 of the November 15th FORTNIGHTLY) was "You haven't lived until you have seen Hawaii!" Bob recently shepherded a group of pilgrims around the Caribbean but is now back in the States and we'll shortly pursue this Hawaiian enigma further. In the meantime pull an operational check on your ukelele—you never know.

XI PSI PHI MEETING

Xi Psi Phi Fraternity will hold an annual business meeting on Wednesday, December 15, at the Ballantine Restaurant, 1207 N. Dearborn Street. Cocktails at 6:30 and dinner at 7:00 p.m. Glenn Cartwright, immediate past Supreme President, will be honored. There will also be a fast moving travel film by world-traveler Don Wise.

NAVAL RESERVE NEWS

The December meeting of the Naval Reserve Volunteer Dental Companies will be held Friday evening, December 17, 8:00 p.m., at the Naval Armory, Randolph Street at the Lake. Mr. Arthur Broadbridge, Canadian Consul for Chicago, will speak on "Our Friends to the North." Visitors are welcome.

BEFORE AND AFTER THE MIDWINTER MEETING

The University of Illinois College of Dentistry will present one-day television postgraduate courses in periodontics and endodontics in early February.

The endodontics short course will immediately precede the two-day session of the American Association of Endo-

dontics and will be held Friday, February 4, 1955. This first television course in endodontics will be presented by Dr. Ralph Sommer and his University of Michigan staff: Drs. Floyd Ostrander, Glenn Brooks and Miss Mary Crowley.

Included on the program will be a television demonstration by Dr. Sommer showing biochemical-atraumatic cleansing, enlarging and hermetical sealing of root canals; discussion of the bacteriology of endodontics by Miss Crowley and the therapeutics of endodontics by Dr. Ostrander.

Dr. Sommer will also present a televised demonstration on a patient showing immediate sterilization and filling of root canal prior to root-end surgery. This will be followed by demonstrations of root resection or apical curettage by Drs. Ostrander and Brooks and management of multi-rooted teeth by Dr. Ostrander. The course will end with a roundtable discussion moderated by Dr. Robert G. Kesel, University of Illinois.

Dr. Balint Orban, professor and head of the Department of Periodontics, Loyola University, Chicago, will again direct the one-day course in periodontics Thursday, February 10, 1955.

The day's program will be televised and will include: "Saliva and Calculus as It Affects Periodontal Treatment," Dr. Leo Sreebny; "Periodontal Specifications for Restorative Dentistry," Dr. Frank Wentz, and "A Correlation Between Structure and Function in the Treatment of Periodontal Disease," Dr. Harry Sicher.

Television demonstrations using patients throughout will include: "Prophylaxis: Instruments, Instrumentation, How to Do Good Prophylaxis Painlessly: Topical Anesthetics, Analgesia," Dr. Orban; "Home Care; Teaching the Patient," Dr. Wentz; "Surgery: Gingivectomy, Postoperative Care, Flap Operation," Dr. Orban assisted by Dr. Harbans Bhatia; and "Splints and Orthodontic

(Continued on page 28)

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NEWS OF THE BRANCHES

NORTH SIDE

I do not know at this writing whether the Clinic day as planned will be held, because orders from headquarters say that the fellows who are responsible for making the North Side branch successful and enthusiastic are not doing it the right way. I wonder what is the right way? . . . Attention camera fans: Look for the article in this issue about the Camera Club being organized under the chairmanship of Dr. Waska. They plan to meet the fourth Wednesday of each month. . . . Herb Gustavson and John Anderson gave a clinic on Hi-Speed for the Ralph Cooley Study Club on November 17th. . . . Hal Sitron will clinic in Detroit early in December. . . . Henry Seifer writes that he enjoyed the A.D.A. meeting in Miami very much. Thanks for sending in the news, Doctor. I wish more of you would do the same. . . . William Schoen sent in such a newsy letter that I will copy it verbatim. I hope you don't mind, Doctor. "Brad Brown is on the sick list and we all hope that he will have a speedy recovery. Walter Buchmann talked before the Northwest Side Branch recently; the title of his essay was, 'The Advantages of the Indirect Technique in Reconstruction.' North Side was represented in the House of Delegates at the Miami ADA meeting by Ed Luebke (one of the Delegates) and Bill Osmanski, Don Wise, and Russ Boothe, Alternates, and by Harold Hillenbrand, Secretary of the A.D.A. Frank Hanagan is back teaching again in the Orthodontics Department at Loyola and Al Harris is spending three mornings in Operative Dentistry. With winter coming, Nate Dubrow only talks about fishing every other day at lunch instead of every day. Someone broke a window from the reception room into Ansel Conarty's office and swiped every snitch of gold he had on hand including some

finished work; we didn't know he could swear in gaelic, but he can. W. G. F. Schmidt was under the weather for several days but he recovered just in time to make a hunting trip to Canada." . . . I think the Program Committee, with Frank Amatore as chairman, are working very hard to give us the best in programs, so support them by coming to all our meetings. . . . May I anticipate the holiday season and wish everyone a Merry Christmas and a prosperous and enlightening New Year.—*Joseph W. Gordon, Branch Correspondent.*

WEST SIDE

"OPERATION DRAGNET" — Through the bloodshot eyes of our west side sleuth, Sergeant FRIDAY, strange goings on were noticed on Madison Street, that is Madison and Crawford. The first scene was in front of the Bank building where Whittaker, Sells, Walls, Berlin and Stark were betting out loud on something, then with the patter of flat feet approaching John the policeman waded into the crowd but refused to arrest any of them for gambling, since he stated that the entire group were such sports that they bet only on a sure thing. Just the facts, man, just the facts only. A few paces down the street Robinson and Laskin discussing the formation of a Kundstater Study Club and with Harry Shanoff discussing politics. On the southwest corner Berlin, Carroll and Kelleher discussing the weather. Making their daily trek down to the Park Restaurant were Dillon, Burns, Kelly, Boulger, and Harry Brown to get a quick lunch. On the go, so fast you can hardly see them, are Glantz, Nielsen, Parlin and Sam Sherman. Say, fellows, stop for a second, will you, to say "hello" to some of the boys. At Sam's just off Madison—well, we'd better leave that part out. Well, Bill, did we miss anything

or anybody? . . . After practicing on 22nd and Kedzie for 24 years, Jerry Nachtman made a change for the better by locating in Berwyn and taking unto himself a wife. . . . We were happy to learn that Jack Bezman's son, who was stricken with polio last summer while vacationing with the family in Florida, is getting along fine even though he could not be transported back home as of now. . . . Jack Ehrlich sent us a nice letter telling us that he is based deep in the heart of Texas with the Air Force and has only 16 months to go. He is doing some orthodontic work for the base commander's daughter and also pushing plenty of amalgams, and if all his friends desert him general dentistry will come in handy. Jack wants to take this opportunity to wish all of his friends a Merry Christmas. . . . Our president of the Chicago Dental Society, Sam Kleiman, back from Florida and the A.D.A. convention, stated that even though Social Security lost out, the Chicago delegation voted for it. The convention was not ideally set up as the various activities were spread out causing much driving up and back. This brings home one of the main points why our Midwinter Meetings are difficult to beat because of its accessibility. Sam appeared as guest speaker on the Alpha Omega fraternity's clinic day program. He was also interviewed for 20 minutes by Bob Elson on his radio program—topic "Illegal Laboratories." . . . Herman Nedved went to Florida for the convention and met with some of his army buddies to talk over old times. He also spent a day with a classmate in Clearwater, Florida, then in the evening they attended a night high school football game, shivering in the cold. The highest temperature during his stay in Florida was around 75°. After the convention, Herman was to head for Key West to do some fishing but when the weather report came in that a baby hurricane was due he cancelled his trip since a baby hurricane was plenty big enough for him. Later, while in St. Petersburg, he read in the paper about the 11 inches of rain in two days at Key West, Florida.

. . . 10 DAYS BEFORE CHRISTMAS. Don't forget to do your shopping early. Your branch correspondent and his associates wish the entire West Side Branch and its members in the armed service "A MERRY CHRISTMAS and a HAPPY NEW YEAR," as Tony Weitzel would say "Go with God."—*Frank J. Kropik, Branch Correspondent.*

SOUTH SUBURBAN

About this time of the year all one can think of is the forthcoming Yuletide season. People just seem to radiate good will and fellowship for the balance of December. Even some of our poor paying patients smile at us when we meet on the street. . . . Got a wonderful card from Neil Kingston which I would like to quote verbatim—"Mike Hughes and wife and my wife and I had a sweet time on Miami Beach during the dental convention. Went deep-sea fishing. Mike caught a big red snapper after 5 hours of the roughest seas I ever saw. Mike being a delegate had to work, but I got lots of rest. One of our friends loaned us a Chrysler convertible for the duration of our stay. Visited friends all over the area and spent the week end with friends having a swimming pool off the living room. Spent many a happy hour bathing. Saw many Chicago area dentists and of course participated in their hospitality. Went and returned Eastern Airlines Constellation—nice trip." . . . Taylor Bell is sporting one of those new Oldsmobile convertibles. Just getting ready for his regular trip to St. Petersburg following the Midwinter Meeting. . . . Just got word that the prize of Waldschmidt's possessions, his dog, was flunked out of a school to which he was sent for training. Oh, how cruel the fates are to Fritz! . . . Speaking of dogs, Teeling's miniature schnauzer just had a litter of pups, and he is willing to part with them for the paltry sum of 125 bucks per copy. To be in trim for the occasion, when he must part with the pups, he is going down to St. Petersburg, Florida, to

visit his parents. . . . Tiberi saw fit to take himself out to Iowa City for the big game between Iowa and Notre Dame. He was going out to see for himself that none of the Notre Dame players laid down at a crucial time unless he was really hurt. . . . Silvio is also planning to attend the Homecoming they are having at that time. . . . There is a homecoming party being given for Henry Cubbon by the fellows, and those who are interested can get in touch with Harry Lees. . . . Something new in the news—a Camera Study Club is now in the process of being formed and anyone who might be interested will find more particulars in the forthcoming issues of the FORTNIGHTLY REVIEW. . . . That's all for now. The Best of the Season to all of youse and a Happy New Year, too.—*H. C. Gornstein, Branch Correspondent.*

NORTHWEST SIDE

Just after the vacation season, and just before the general exodus to Florida by those who didn't make the ADA meeting. So the news business is in the doldrum stage. But never fear, something is bound to turn up. . . . And so it is a nice flyer from the Dental Assistants Ass'n, the north and northwest branches, that is. They are having a Christmas party and dinner at Villa Sweden, and extend a hearty invitation for the branch members to join in. Date—December 7. . . . Found a note in the FORTNIGHTLY file that dates back about a month. In the quest for news at our October meeting, found George Birch very happy at having his Dawn Marie at home. Three months old, and thus able to leave the confines of the incubator. It was a good news item; sorry that it took all this time to reach print. . . . John Dybdahl should be back at the chair by the time that you read this. He spent a couple of weeks at the West Suburban Hospital shaking off the effects of a bad gall bladder. . . . Irv Neer was away from his office for two weeks, but he was only vacationing. . . . Walter Kozil made the Miami

meeting. . . . Our very cheerful and pleasant B.B., otherwise known as Barney Pawlowski, will be out of the hospital. . . . Didn't find out about the ADA meeting as yet. What happened with OASI? . . . This is our last chance to wish all of you the Season's greetings. Wish that I could poetize, but even prose comes hard to this poor wordless soul. See you in the new year.—*Ben Davidson, Branch Correspondent.*

KENWOOD-HYDE PARK

Now that you are reading this news, did you see the announcement about the starting of a camera club? Some of you may be interested in learning about why your pictures aren't so good or why you did get a good one, so go back and re-read the announcement, you will not be missing very much in our news this issue. . . . Had a report from Jesse Carlton about the Denture Society meeting and he reported that B. Kelly, L. Johnson, and J. McBride were there. It is good to have so many men going out of the state to a meeting. . . . Jesse Carlton was in the South Chicago Hospital for a check-up and they in turn sent him to his heart man who put him in Billings for a month where they thinned his blood (so that it will not clot). Going East as a speaker for the Denture Society and then down to the ADA meeting seemed to put the extra strain on his system and a blood clot formed and started to do damage. At first Jesse thought that he was eating too much and now he has found out that he had because he is on a reducing diet. Have you ever tried to reduce while you are in bed? Well, it isn't very easy and Jesse is in for a rough time. I called him today and he was ready to eat a horse, but they didn't have any horses on the menu, in fact there wasn't much that was filling. For those of you that would like to drop him a card or call him, you can reach him at Billings Hospital, 950 E. 59th St., or MIDway 3-0800, room 557W. . . . Have all of you home owners gotten your storm windows

up? If not you may wish that you had. I got mine up and now need a new back (the mind is very weak anyway). . . . Say! Have you looked at your program that was sent to you telling you about Dr. Arthur L. Roberts? And did you know that he was going to tell us about constructing dentures for animals? Well, he isn't and if you believe that he is it is because YOU DIDN'T read your announcement because he is constructing dentures for humans. . . . See you there. —Warren H. Lutton, *Branch Correspondent*.

ENGLEWOOD

From all reports, Gustav Rapp gave, as usual, a most informative and interesting talk during the November meeting. Understand the meeting was very well attended, even though a good number of Englewood members were attending the A.D.A. sessions. . . . Among those who went down to Miami were Don Kellogg, Ray Van Dam, Ted Vermeulen, George Runyan, Harold Hayes, John Lace, Tom Starshak, Vince Milas, Bob Hilton, O. J. Olivi, Mike Walsh, J. Friedman, Frank Farrell, W. Wheeler, and Milt Cruse. Quite a contingent and some of them are just returning. Yours truly flew down with Don Kellogg and saw many of the above men, meeting Milas, of all places, in church. It was especially nice to see Milt Cruse who really gets around these days. . . . Bob Hilton had hardly returned from his hunting trip in South Dakota before he left for the A.D.A. meeting. Bob and Mrs. Hilton also stopped over in Cuba where a Cuban medical officer Bob had met while in service showed them the sights. Hilton reports Varadero Beach is THE place for a vacation. . . . Runyan didn't get back until Thanksgiving Day. Saw George at the meeting but didn't learn until I returned that we'll soon be practically neighbors, as Runyan bought a new building at 93rd and Ashland where he will move his office. . . . There's no doubt as to how successful was Borgerding's hunting trip

into Lake of the Woods, Canada, as can be attested by those who enjoyed a venison roast at his home. . . . Dr. and Mrs. M. H. Pollack spent their vacation in Arizona, and while there visited Larry Blanchette, who, I understand, is doing very well and enjoying the Arizona climate. . . . The South Side Dental Assistants will hold a Christmas party at the Martinique instead of their usual December meeting. The girls are working hard to make the party a successful one and everyone is invited. . . . Waska, a whiz when it comes to digging up news, reports that Elmer Ziemer has ordered a tremendous train outfit, including practically everything in the book for his 2-year-old boy? Also notes with considerable interest the fact that Mrs. Mal Brooks is sporting a new fur coat but can't help wondering what will happen to all those poor cats in this cold weather. . . . Vince Milas returned from the A.D.A. meeting by way of Nassau and New York. . . . H'ya Waska suggests that all readers interested in photography make it a point not to miss the "special" in *News and Announcements* of this issue. Couldn't find out what the article will cover but hope it will include instructions on how to take pictures with the new Rolleiflex I got for the Miami trip. That contraption has so many automatic features that as yet I haven't learned how to use it.—A. P. Jason, *Assistant Branch Correspondent*.

NORTH SUBURBAN

About November first, if you recall, quite a demonstrable delegation of doughty dental devotees delightedly disburdened of drearish 'dodontoid duties, departed all a-dindle for the diacritically devised divertisements in that delightfully diaphoretic desmesne—shucks, fellers, these folks all went to Florida. ADA Convention—'y know? . . . Jim Plants began last February at the Midwinter Meeting making plans for the convention. Jim's wife is a prime cog in the
(Continued on page 29)

Dental Assistants Present Miss Morrison

Miss Dorothy Sutton, Program Chairman of the Dental Assistants Association of Chicago, informs us that plans for the presentation of a short streamlined course in practice administration by Miss G. Archanna Morrison that will interest both the assistant and the dentist are complete. Miss Morrison is to appear during the Association's program which runs simultaneously with that of the Midwinter Meeting of the Chicago Dental Society in February. She is scheduled for Wednesday morning, February 9, at 9:00 in the North Ballroom at the Conrad Hilton and the Association very much desires the presence of both dentists and assistants.

Miss Morrison will talk on the following subjects: Control of Appointment Books, Telephone and Reception Room Procedures, Collections, Child Psychology, Patient Education, Estimates and Contracts and Evaluating the Dental Office Personnel.

Miss Morrison will need no introduction to a Chicago audience. She has appeared and conducted her course in subjects related to the above in all but two of the United States, several times each in Hawaii, Canada and Mexico, at a large number of dental schools and postgraduate schools and in the majority of our larger cities. In most of the latter she has appeared at least twelve times but her record is in Boston where she has been asked to repeat her course 28 times. She has appeared on the program of the Kentucky State Dental Society, the Mid-Continent Dental Congress, the program of the Greater Boston Dental Society and that of the Kansas State Dental Society, the Wayne County Dental Society in Detroit and the Peoria Dental Assistants Association among many, many others. Such popularity must be richly deserved especially to be asked so often to come back and do it again. Chicago dentists and dental assistants are looking forward eagerly to her appearance here and since she will appear but once, tickets must be issued on a first come, first served basis. Miss Sutton will release final information on reservations and ticket sales on January 2, 1955.

Our Left Out Children

Every day in Cook County Hospital there are 20 or more babies who have no home to go to.

Their mothers leave them there after birth because they cannot provide for them. Sometimes these infants stay at County Hospital for months on end before some agency can find foster homes for them. Clearly, a hospital is no place for a child to remain—he needs individual attention and parental love.

Existing child care agencies are so overloaded that they have not been able to keep pace with the growing numbers of these "left-out" children. In addition to the County Hospital babies, there are children waiting in temporary-care homes of the Family Court, in the Juvenile Detention Home, and in inadequate home environments—all in need of prompt placement in good foster homes.

This problem has prompted some 100 organizations, including the Chicago Dental Society, and many concerned individuals to urge the County Commissioners to initiate a foster home placement service in the Cook County Department of Welfare to supplement the work of existing agencies and find suitable homes for these children.

The Commissioners are studying ways to set up such a service now, but it will encourage them if they learn that they have an increasingly large segment of public opinion supporting their efforts. You can help by writing to Mr. William N. Erickson, president of the Cook County Board of Commissioners, County Building, Chicago. For further information, you can contact the Citizens Committee for the Left-Out Child, 123 West Madison Street, FRanklin 2-6911, Ext. 105.

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Kindly address all communications concerning business of the Society to the Central Office

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Applications for Membership

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Sol A. Shiret, 25 E. Washington St. Anonymous communications or telephone calls will receive no consideration.

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(Continued on page 22)

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For Sale: Completely equipped modern office and thriving practice on far South Side. Space for two chairs. Wonderful opportunity for right man. Address Z-21, The Fortnightly Review of the Chicago Dental Society.

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Wanted: Dental assistant or hygienist, full time, to work in Highland Park. 5-day week; no evenings. Call WELLington 5-2017.

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Returning to Service: Wonderful immediate opportunity for good general practitioner to take over busy practice with eventual opportunity for partnership. Satisfactory arrangement will be made to right person. Located outside of Chicago. Address Z-27, The Fortnightly Review of the Chicago Dental Society.

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MISCELLANEOUS

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(Continued from page 20)

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ABSTRACTS

(Continued from page 10)

a point below the line of the labial gingiva. Apply rubber dam over the involved tooth only, and hold securely in place with a double turn of dental floss tied tightly to prevent leakage. Dark glasses may be worn by both patient and dentist. A dampened towel is then placed over the patient's face and chin, with a small hole cut in the center to expose the tooth.

Technique: Swab the pulp chamber with alcohol and dehydrate with warm air. Fill the pulp chamber of the tooth with cotton moistened with superoxol. Cover the labial surface of the tooth in the same manner. Expose the tooth to heat from an infra-red lamp or a No. 1 photoflood light and adjust the distance from ten inches to two feet, so that the patient does not complain of intense heat. From time to time a drop or two of bleaching solution should be added to the surface of the tooth and pulp chamber by means of a small glass syringe. After the first five minutes turn off the light,

remove the cotton and dry the pulp chamber. Fresh cotton is placed in and around the tooth and a fresh supply of bleaching solution applied for another five minutes. Repeat this process for from four to six periods of five minutes each. Seal a superoxol moistened pellet in the pulp chamber with a double seal of temporary stopping and cement. Hold the cement under pressure with a small piece of rubber dam until set. Carefully examine the cement for leakage, as a pinhole is sometimes present owing to the escape of released oxygen. Repeat in four or six days if necessary for color. Translucency may be improved with 80% chloral hydrate. Dry pulp chamber, flood with chloral hydrate and apply pressure over the cavity opening with a piece of unvulcanized rubber on your finger. Impregnate the outside of the tooth with Gottlieb's impregmol solution. Defer the final filling until another sitting to be sure of the result.—**BLEACHING OF DISCOLORED PULPLESS TEETH**, by J. H. Merrell, D.D.S. *The Canadian Dental Association Journal*, July, 1954. O.C.L.



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OSTECTOMY

(Continued from page 8)

However, this is not a necessary procedure with this method. During the three to five weeks healing period of the interoral procedure, or first stage operation, the fixation orthodontic appliances, splints, etc. are constructed and made ready prior to the second stage operation. If orthodontic appliances are used, they are cemented to place a week to ten days before the final procedure.

After the required healing time has lapsed, the patient is hospitalized and prepared for surgery for the second stage operation which is the external approach. Local or general anesthesia may be employed. If a general anesthesia is used an endotracheal tube with a cuff is required. After the patient is anesthetized, properly prepared and draped, the incision is made in the selected area where the section of bone is to be removed. The incision is made one cm. below the inferior border of the mandible and the facial nerve retracted with the skin flap. The anterior facial vein and external

maxillary artery are identified and retracted. The deeper layers are bluntly dissected and the periosteum is incised and reflected from the bone on its lateral and mesial aspect exposing the bone where the cuts of the first stage operation interorally are identified. The external template is placed into position and by the aid of a sharp pointed instrument the outline of the pattern is marked on the bony process. The template is then removed and the marks are traced with methylene blue for good vision. We now have a complete outline of the section of bone to be removed. A series of holes is made through the cortical bone along the line of the outline of the section, care being taken not to enter the mandibular canal. At the inferior border of the mandible a horizontal series of holes is made between the borders of the section of bone to be removed. This series of holes is joined together by a cross-cut fissure burr. This extends the grooves that were made interorally. With the aid of a sharp chisel, the vertical cuts are completed in the region of the mandibular canal. The chisel is then placed in the horizontal

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groove at the inferior border of the section and by elevating and with a twisting motion the lower lateral fragment of bone is removed exposing the mandibular canal. Once the canal is exposed, the procedure is relatively simple in removing the remaining bony section but one must exercise care in order to avoid injuring the mandibular nerve which is completely exposed by the removal of the surrounding medullary bone. This procedure is best accomplished by the use of thin linen tape which is passed around the contents of the mandibular canal and acts as a very fine retractor, permitting ample access in this area to remove the remnants of the medullary bone around the canal. Also, it aids in retracting the nerve while the medullary portion of the bone in the anterior and posterior fragments are hollowed out to permit a resting place for the contents of the canal when the bone fragments are proximated. If direct bone wiring is to be employed, two small holes are drilled in the two proximal fragments just below the canal and above the inferior border and a .020 stainless steel wire is passed through them. The remaining small section of bone at the inferior border is excised and the fragments brought into position, being careful not to fold or pinch the contents of the mandibular canal. The stainless steel wire is twisted lightly to place and the wound covered with sterile wet dressings. The same procedure is carried out on the opposite side, using the template especially designed for that section. It is now necessary to enter the oral cavity for position-

ing of the anterior fragment and the reduction of the posterior fragment whether by the aid of orthodontic appliances, splints for edentulous areas, occlusal splints or full dentures, whatever the case calls for. Prior to the reduction and fixation of these fracture lines, circumferential wiring is employed in the region of the cuspid area of the anterior fragment to be used as a constant vertical traction wire supported from around the inferior border of the mandible to the maxillary arch bar in the cuspid area. If a splint or a denture is used for a fixation appliance, circumferential wires should be placed around the posterior fragments for stability of the appliance. These circumferential wires are easy to place at the time the wounds are open. However, one must be very careful not to contaminate the operative field by working in the mouth. This is best avoided by having one of the assistants do the interoral manipulation. After the reduction and the appliances are seated, the intermaxillary fixation may be established by the use of elastic traction in the desired direction or by constant fixation in the desired direction with the aid of stainless steel wire placed on the respective points of anchorage. If reduction and fixation of the interoral appliances and occlusion of the teeth meet with the predetermined position of the mandible and the procedure seems to be satisfactory, then the external areas are explored and checked for the correct alignment of the bones and if found satisfactory, the slack is taken up in the direct wiring of the bone

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and the wires cut short and twisted over and under so that the wire stumps will not become an irritant. The wounds are irrigated and closed in layers with appropriate sutures for deep tissue and skin margin approximation and a small rubber drain is left in place for twenty-four hours. Sterile pressure dressings are applied. The patient is aroused before leaving the operating room. It is important that the patient have special nursing care the first twenty-four hours. An electric aspirator should be provided in the event of an emergency for the establishment of an airway. This is especially important where the patient has an enlarged tongue.

The postoperative care of the patient is the routine service rendered to jaw fracture cases including the administration of antibiotics which is routine. The postoperative fixation time will vary from six to eight weeks depending upon the extent of the procedure, the fixation appliances, the accuracy in the reduction of the fragments and the age of the patient. There is usually temporary anesthesia of the lower lip for several weeks. This is due to the traumatic manipulation of the nerve and the crowding of its contents into the anterior and posterior fragments of the bone. These cases should have progressive x-ray studies throughout the course of the case and the appliances and fixation wires should be constantly watched. The patient, after the edema subsides, will complain of some pain in the temporomandibular area but after fixation is removed and function is established this disturbance disappears.

After completion, the necessary restorative dentistry should be undertaken taking into consideration especially the interlocking of the cusps of the teeth. If it is necessary to have postoperative orthodontic procedures, it must be done, for the success of these cases depends upon the occlusion of the teeth to maintain the relationship of the jaws.

By extending this type of service to patients with this deformity they have been afforded not only the comforts of normal dentition but improved general health and personal appearance.

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PROSTHETIC TECHNICIANS

NEWS AND ANNOUNCEMENTS

(Continued from page 14)

Appliances in Periodontal Treatment," Dr. John Kollar. Dr. Kesel will also moderate a roundtable discussion at the end of the periodontics course.

The tuition fee for each course is \$25. For enrollment blanks or further information write to University of Illinois College of Dentistry, Postgraduate Studies Division, 808 South Wood St., Chicago 12, Ill.

COMMUNITY FUND

A final appeal for contributions is being made by the Community Fund. As chairman of the Dental Group for the Community Fund, Dr. S. R. Kleiman reported late in November that the group had attained sixty per cent of its quota and he urges those who have not yet given to mail their checks promptly.

DR. ORBAN WILL PRESENT SPECIAL COURSE ON PERIODONTICS

A three-day course on "Theory and Practice of Periodontics" will be presented at Loyola University, Chicago College of Dental Surgery on January 20, 21, 22, 1955, by Dr. Balint Orban.

The instruction will include the scientific concept of periodontal treatment based on biological principles; diagnosis; treatment planning; prophylaxis—home care, curettage and periodontal surgery, case maintenance—splints; retainers and occlusal equilibration. The class will be limited to 15; the tuition, \$100.00.

For information, write to Dr. F. M. Wentz, Director, Postgraduate Division, 1757 W. Harrison St., Chicago 12, Illinois.

CHICAGO ACADEMY OF DENTAL PSYCHOSOMATICS

The next meeting of the Chicago Academy of Dental Psychosomatics will be held on January 14 in the Conference Room of the Pittsfield Building, 8:00 p.m. The subject under discussion will be "A Review of Induction Procedures."

TECHNICIANS SOCIETY CHARTERED

George W. Barnhart, president of the Dental Technicians Society of Chicago, announced receipt of a charter as a non-profit organization by the State of Illinois. The occasion was the first meeting of the fall season, September 13th.

Final plans for the Society's educational program for the remainder of the fiscal year were outlined. Mr. Joseph E. Kennedy, president-elect of the Illinois Dental Laboratory Association, addressed the members on his Association's program for raising the standards of ethical laboratories.

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NEWS OF THE BRANCHES

(Continued from page 18)

operation of a travel agency handling several hotels in Miami Beach, among them the Blue Horizon where several of the boys and their wives were royally entertained. . . . We might add too that with all the wonderful fun we've heard about there has also been a remarkable degree of information concerning the actual business of the convention. . . . Our own Pinky Stine, and his lovely wife made the trip, but Pinky spent nearly all his time in the House of Delegates, and turned in a wonderfully comprehensive report to the Evanston Association of Dentists. Pinky was one of the early birds, for in addition to four days of society business he spent three days with the pedodontic group. Apparently this trip was no more than a routine business trip to the Loop. Pinky finally admitted that he visited with his daughter and son-in-law in New York on the way home. Eddie Baumann stayed on until after Thanksgiving, and after playing pinocle with John Heller for a whole week joined a group of thirty-three, via Pan American, for a well-planned tour of the West Indies. Ed was nearly flabbergasted when he bumped into Hosmer Law motoring solo through Jamaica in a rented car. . . . Obviously, North Suburban was well represented at the convention. At least twenty-four attended, and most of them with their wives. . . . Ellis Ibbotson, Don Palmer, Maynard Cook, Zeke Smothers, Ed Coolidge, Hal Chason—Hal's father and mother were along—chaperones? . . . Carl Brasmer and frau started a bit early, October 25, and spent ten days at Daytona Beach—"like it much better, not so crowded"—before checking in at the convention, and then visited with his son in Monmouth, Illinois on the way home. . . . Paul Wilcox was very official in his attendance at the Delta Sig conclave . . . and Randy Wescott and wife checked up on their "other home," and decided not to sell.

(Continued on page 32)

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(Continued from page 29)

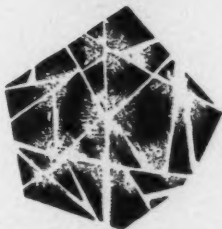
Randy spent a good deal of time with the periodontists. . . . Doug Meinig, Axel Pedersen, and wives drove down in Axel's new Chevvy fire wagon, and after a few days Bill Murray received a card—"No dogs, no women or horses, but the pace is killing us." Pete got in on the golf tournament and managed expenses, then hopped a plane from Miami with the wife and the Meinig's for Cuba. . . . We heard that Zenas Shafer, Jim Plants, and doubtless many others, oh yeah, Art Freeman who also hit prize money in the golf tourney, went sail fishing, and came home with a boat load of mackerel. The Blue Horizon cooked up the mess and found there was enough for a party of twenty—UMMmmm! . . . Larry Hill, Paul Bass, and Earl Christie were with the gang, but haven't heard anything of their activities. . . . Ira Williams was seen looking hale and hearty. Ira lives down thataway now. . . . O. B. Kibler spent most of his time island hopping in the West Indies—Incidentally, if anyone has seen Art or Marcia Freeman lately, please let us know. Zene Shafer mentioned that ocean swimming is a tough sport, especially when the tide is in, and when last seen, Art and Marcia were swimming off in the direction of Africa. Had a real nice card from Art, too. . . . George Kearns had a bit of hard luck. He was so excited over his first dash into the ocean that he ups and dives before he got to the water. Result, one sprained ankle—tough, George. . . . Also heard of a new hotel being built at a cost of, oh, roughly thirty millions. Gold door knobs, gold bath tubs, diamond inlaid foyer will be among the lesser details, and the daily charge—hah! a paltry \$200.00 per day. We've heard they are rushing construction to be ready for the 1957 ADA Convention. We'd suggest you get your reservations early, gents. We're certain accommodations will be scarce. . . . Our boy Stevie Stephenson is still at it. He's keeping the old 12-gauge hot. Last trip for ducks he hoped to shoot a lot of nice movies of the hunt, but when his partners

showed signs of losing their limits Stevie pitched in with a few extra pot shots—"more fun than shooting a camera," and was actually disappointed. . . . Oh, you noticed the local switch. . . . We had hoped to have several pages of dope on the Florida fandango, but the fellows either had too much fun, or not enough. . . . Ted Davis, who holds forth at the Evanston Community, has been appointed to the out-patient department staff at Evanston Hospital, attached to the Dental Clinic. . . . There's that old Army lingo slipping in—which reminds us that our pal Dick Renn has felt the clammy clutch of Uncle Sam's service summons. Dick was sworn in 11/30/54, and his orders read, "Great Lakes, February 19." Ed Sullivan, the sly old G—, scuse plizz, "character," said something about Dick's wife, and "he won't be there long if I can help it." You've all heard of Irene—what a doll. . . . Flash! Doug Meinig has been accorded a rare honor since the Florida episode—CITATION—"The guy who most enjoys a convention." Brother, that takes in a lot of territory. . . . Second FLASH!! We'd like to use a little gold leaf here and inscribe the name of that handsome young feller, JAY WELBORN. Jay is the 1954 ADA Golf Champion. We talked to Zenas Shafer about this golf business, and learned that the Club fairways are of Bermuda grass, that you don't replace your divots. A little man follows you around putting your divots into his pocket then sprinkles a little grass seed. Couple of days later, no evidence of divot. Zene added that the greens lean away from the ocean—the grain, that is—and it took Jay two days of practice to solve his putting problems. Jay finished in front of the pack with a comfortable 75. Jay is the second North Suburban champ in four years. Bob Lasater with the same score was champ three years ago. Congratulations, Jay. Ran across something by Thomas Jefferson: "Never fear the want of business. A man who qualifies himself for his calling never fails employment."—F. S. Verink, Branch Correspondent.



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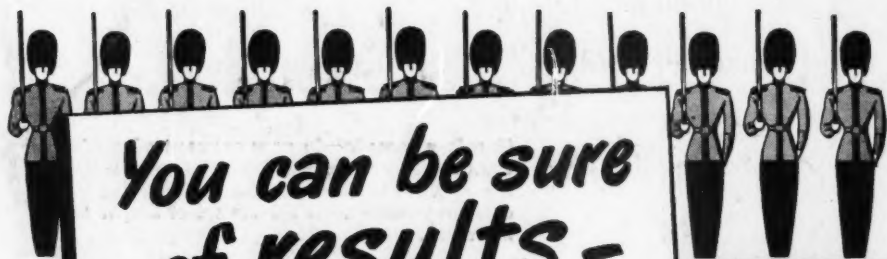
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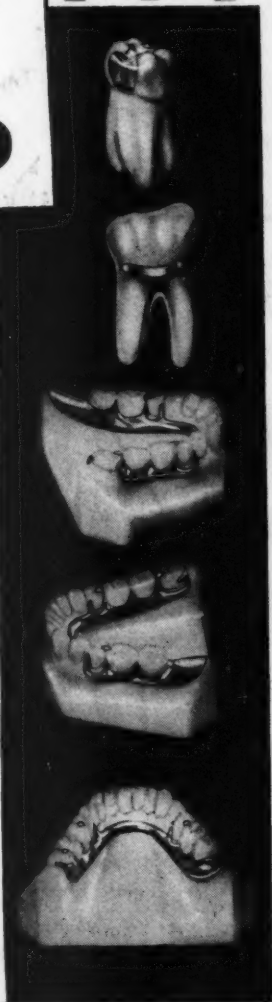
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